

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	492263
<015>	Study Area Name	LA JICARITA RURAL
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Danny Gray
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5753872216 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dgray@lajicarita.com
	Form Type	54.313 and 54.422

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<110>	Has your company received its ETC certification from the FCC?	(yes / no )	<input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no )	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

492263NM112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

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<210> For the prior calendar year, were there any reportable voice service outages? No

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**(300) Unfulfilled Service Request  
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&lt;300&gt; Unfulfilled service request (voice)

0

&lt;310&gt; Detail on attempts (voice)

Name of Attached Document

&lt;320&gt; Unfulfilled service request (broadband)

0

&lt;330&gt; Detail on attempts (broadband)

Name of Attached Document

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<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

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<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
492263NM510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

<b>(600) Functionality in Emergency Situations</b> <b>Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dgray@lajicarita.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	492263NM610 .pdf

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<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

-- See attached worksheet



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[illegible]

**(800) Operating Companies  
Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dgray@lajicarita.com
<810>	Reporting Carrier	La Jicarita Rural Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	La Jicarita Rural Telephone Cooperative, Inc.

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

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&lt;900&gt; Does the filing entity offer tribal land services? (Y/N) No

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

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<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

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Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance

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Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

Yes

&lt;1130&gt; Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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492263NM1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing  
Required Information

Name of Attached Document Listing  
Required Information

**(2000) Price Cap Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

&lt;2016&gt; Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

&lt;2017A&gt; Connect America Fund Phase II recipient?

&lt;2017B&gt; Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing  
Required Information

cap carrier used for capital expenditures in 2015.

&lt;2018&gt; Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing  
Required Information

&lt;2019&gt; Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

&lt;2020&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

&lt;2021&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

&lt;2026&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

&lt;2027&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)



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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	492263NM3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	492263NM3017.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or		<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3021)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3022)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

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**Financial Data Summary**

(3027) Revenue	4765080
(3028) Operating Expenses	4283503
(3029) Net Income	2525447
(3030) Telephone Plant In Service(TPIS)	31639600
(3031) Total Assets	26953700
(3032) Total Debt	12503094
(3033) Total Equity	11232699
(3034) Dividends	134159

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

<b>4003b.</b> Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

<b>4004a.</b> Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	

<b>4004b.</b> Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	

**Certification - Reporting Carrier  
Data Collection Form**

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: LA JICARITA RURAL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2016
Printed name of Authorized Officer: Danny Gray	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5753872216 ext.	
Study Area Code of Reporting Carrier: 492263	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<015>	Study Area Name	LA JICARITA RURAL
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<030>	Contact Name - Person USAC should contact regarding this data	Danny Gray
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<035> Contact Telephone Number - Number of person identified in data line <030> 5753872216 ext.

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
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	Mora/Wagon Mount			39.95	3.6	3.6	3999999.6		Other No limit
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NM	Mora/Wagon Mound	79.95	0.0	79.95	15.0	15.0	999999.0	Other, No limit
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	Mora/Wagon Mound							Other, No limit
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[illegible]

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[illegible]



<b>(800) Operating Companies</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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**La Jicarita Rural Telephone Cooperative, Inc. (SAC 492263)**

*Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules*

47 CFR § 54.313(a)(5)

Form 481, Line 510

La Jicarita Rural Telephone Cooperative, Inc. (LJRTC) is an incumbent local exchange carrier operating in the state of New Mexico, and is an eligible telecommunications carrier (ETC) designated by the New Mexico Public Regulation Commission (NMPRC). As such, LJRTC is subject to the regulatory authority of the NMPRC and operates under the relevant rules and laws of the state of New Mexico.

LJRTC is subject to the service quality standards and consumer protection standards adopted by the NMPRC and that are applicable to ILECs in the state of New Mexico. These standards are contained in Title 17, Chapter 11 of the New Mexico Administrative Code. Consumer protection standards are also contained in LJRTC's local tariff that is on file with the NMPRC.

Apart from effective internal procedures and operations, LJRTC ensures compliance with all applicable service quality and consumer protection rules through NMPRC enforcement, which entails the operation of an effective customer complaint process. LJRTC is required to respond to customer complaints and other service quality-related inquiries from the NMPRC in a reasonable time frame. LJRTC consistently meets or exceeds all NMPRC-adopted standards, and reports to this effect via all required NMPRC processes.

Finally, LJRTC has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. LJRTC certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).

**La Jicarita Rural Telephone Cooperative, Inc. (SAC 492263)**

*Statement Regarding the Ability to Function in Emergency Situations*

47 CFR § 54.313(a)(6)

Form 481, Line 610

La Jicarita Rural Telephone Cooperative, Inc. (LJRTC) is an incumbent local exchange carrier operating in the state of New Mexico, and is an eligible telecommunications carrier (ETC) designated by the New Mexico Public Regulation Commission (NMPRC). As such, LJRTC is subject to the regulatory authority of the NMPRC and operates under the relevant rules and laws of the state of New Mexico.

LJRTC has batteries and portable generators capable of providing the required level of backup power, and that can be deployed as necessary to LJRTC's switching and remote sites. LJRTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, LJRTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

If you have telephone service with more than one company, you must select which company you would like to receive the Lifeline assistance from. You may not receive Lifeline from more than one company.

If you do not currently have telephone service, contact one of the companies listed below to order phone service and apply for telephone assistance:

#### **PARTICIPATING COMPANIES:**

<b>Baca Valley</b> Po Box 67 Des Moines NM 88418	888-682-2101 bacavalley.com
<b>Cellular One (Wireless)</b> 1500 South White Mountain Show Low, AZ 85901	800-730-2351 cellularoneonline.com
<b>Century Link</b> 555 Lake Border Drive Apopka, FL 32703	800-257-3212 centurylink.com
<b>Dell Telephone Cooperative</b> P.O. Box 67 Dell City, TX 79837	800-245-2991 delltelephone.com
<b>ENMR</b> 7111 N Prince St Clovis, NM 88101	800-432-2369 enmr.com
<b>Frontier Communications</b> 1398 S. Woodland Blvd. Devland, FL 32720	800-432-2369 frontier.com
<b>La Jicarita Rural Tel. Co-op</b> P.O. Box 269 Mora, New Mexico 87732	800-742-7232 lajicarita.com
<b>Leaco Rural (Home &amp; Wireless)</b> 220 W Broadway Hobbs, NM 88240	800-851-0554 leaco.net
<b>Mescalero Apache Telecom</b> PO Box 229 Mescalero, NM 88340	575-464-4039 matisp.net
<b>Penasco Valley Tel. Coop</b> 4011 W Main Street Artesia, NM 88210	800-505-4844 pvt.com

<b>Plateau Telecom (Wireless)</b> 7111 N Prince St Clovis, NM 88101	800-432-2369 plateautel.com
<b>Qwest</b> PO Box 2738 Omaha, NE 68103-2738	800-244-1111 qwest.com
<b>Roosevelt Co. Rural Tel. Coop</b> PO Box 867 Portales, NM 88130	866-239-6858 rcrtc.com
<b>Sacred Wind (Home &amp; Wireless)</b> PO Box 4011 sacredwindcommunications.com Yatahey, NM 87375	877-722-3393
<b>Tularosa Basin Telephone</b> PO Box 550 Tularosa, NM 88352	800-972-8282 tbtc.net
<b>Valley Telephone Cooperative</b> P.O. Box 970 Willcox, AZ 85644-0970	800-421-5711 vtc.net
<b>Western New Mexico Telephone</b> PO. Box 150 Cliff, NM 88028	800-535-2330 wnmt.com
<b>Windstream Communications</b> 1720 Galleria Blvd Charlotte, NC 28270	877-520-5220 windstream.com

If you have additional questions about the information contained in this brochure, or are uncertain which telephone companies serve your area, please call the

**Consumer Relations Division of the  
New Mexico Public Regulation Commission  
(NMPRC) at 1-888-427-5772.**



Commissioner Jason Marks – District 1  
Commissioner Patrick Lyons – District 2  
Commissioner Douglas Howe – District 3  
Commissioner Theresa Becenti-Aguilar – District 4  
Commissioner Ben Hall – District 5



## **TELEPHONE ASSISTANCE PROGRAMS**

**AVAILABLE IN NEW MEXICO**

#### **LIFELINE**

Lifeline lowers the cost of basic, monthly telephone service. Eligible customers may receive the discount on either their wireline or wireless service, but the discount is available for only one telephone connection per household.

#### **TRIBAL LIFELINE**

Tribal Lifeline reduces the cost of basic, monthly telephone service to only \$1.00 per month for low income customers who live on a tribal reservation or pueblo. Eligible customers may receive the discount on either their landline or wireless service, but the discount is available for only one telephone connection per household.

#### **LINK UP**

Customers who qualify for Lifeline or Tribal Lifeline automatically qualify for Link Up if their telephone service has been installed within the past 60 days. Link Up gives eligible customers a 50% credit towards the cost of their telephone connection, up to \$30. Link Up does not cover the cost of wiring a home. A customer may not receive a Link Up credit twice at the same address.

#### **HOW DO I APPLY?**

If you currently have telephone service with one of the participating telephone companies listed, simply **complete the application form on the back of this brochure** and send it to your telephone company at the mailing address provided.



# TELEPHONE ASSISTANCE APPLICATION FORM – NEW MEXICO

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NM Zip: \_\_\_\_\_

Home Telephone if you have service (MUST be in your name): \_\_\_\_\_

**Check Box** that best describes where you live: ☐ I live on a reservation ☐ I do not live on a reservation

Telephone Company: \_\_\_\_\_ No. of people living in your household: \_\_\_\_\_

## COMPLETE SECTION 1 OR 2, BUT DO NOT FILL OUT BOTH

### SECTION 1. I, or a member of my household, currently participate in the following program(s):

Check all that applies and attach a copy of acceptance letter to the applicable program.

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Food Stamps                       |
| <input type="checkbox"/> Temporary Assistance for Needy Families            | <input type="checkbox"/> National School Lunch program     |
| <input type="checkbox"/> Supplemental Security Income (SSI)                 | <input type="checkbox"/> Federal Public Housing Assistance |
| <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |  |

### SECTION 2. I do not receive benefits from any of the programs listed above, BUT my income is at or below 150% of Federal Poverty Guideline. Please check the box below that applies to your household and attach the supporting documentation described below: **(Income based on 2014 Federal Poverty Guidelines)**

Please check	# household members	Household Income(at or below)
<input type="checkbox"/>	1	\$15,890
<input type="checkbox"/>	2	\$21,506
<input type="checkbox"/>	3	\$27,122
<input type="checkbox"/>	4	\$32,738
<input type="checkbox"/>	5	\$38,354
<input type="checkbox"/>	6	\$43,970
<input type="checkbox"/>	7	\$49,586
<input type="checkbox"/>	8	\$55,202
<input type="checkbox"/>	No. ____	* Add \$5,616 each additional person

Please attach one of the documents below if you did not check any boxes in #1.

- ☐ Previous Year State/Federal or Tribal Tax Return
- ☐ Veterans Administration statement of benefits
- ☐ Social Security Administration statement of benefits
- ☐ Retirement/pension statement of benefits
- ☐ Unemployment/Workers Compensation statement of benefits
- ☐ Current year-to-date earnings statement from an employer or 3 consecutive months of pay stubs
- ☐ Federal or tribal notice of participation in Bureau of Indian Affairs General Assistance
- ☐ Divorce decree or child support wage assignment statement

I agree to notify my phone company when I or a member of my household no longer participates in any of the above qualifying public assistance programs or when there has been a change in my family size or income level.

I certify under penalty of perjury the above information is true and that I am not receiving Lifeline credits on any other telephone account. I have read the information on this application and understand I must meet the above qualifications to receive Telephone Assistance (Lifeline and/or Link-Up).

Date of Birth: \_\_\_\_\_

SS# last 4 only: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# La Jicarita Rural Telephone Cooperative

**P.R.C. No. 2**  
Second Revised Sheet No. 1- 1  
Cancels First Revised No. 1-1

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Issue Date:

Danny Gray - General Manager  
P.O. Box 269 - 455 State Highway 518  
Mora, NM 87732  
(575) 387-2216

Effective Date: (C)

Transmittal No. 2012-01

**La Jicarita Rural Telephone Cooperative****P.R.C. No. 2**

Second Revised Sheet No. 1-5

Cancels First Revised Sheet No. 1-5

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**DEFINITIONS**

**2. Definitions (Cont'd)**

**Extended Area Service**

A type of telephone service furnished under tariff provisions whereby customers of a given exchange may complete calls to and/or may receive calls from one or more exchanges without the application of long distance message telecommunications charges.

**Flat-Rate Service**

A classification of exchange service furnished a customer under tariff provisions for which a stipulated charge is made regardless of the amount of use.

**Local Exchange Service**

Telephone service furnished between a subscribers' premises and the Cooperative's central office within the same local service area.

**Local Message**

A completed call between customer access lines located within the same local calling area.

**Local Service Area (Local Calling Area)**

The area within which telephone service is furnished customers under a specific schedule of exchange rates (flat or measured) and without toll charges. A local service area may include one or more exchange areas under extended area service arrangement.

**Lifeline Benefits Program**

(C)

An assistance program that provides for a credit against the recurring monthly rate for the provision of local residential service for certain low-income customers.

**Message Telecommunications Service (MTS)**

MTS, also referred to as "long distance", "toll" and "message toll", is that of furnishing facilities for telecommunication between stations in different local service areas, within a LATA, in accordance with the terms and conditions and system of charges specified. The message charges are in payment for all service furnished between the calling and called stations.

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Issue Date:

Danny Gray - General Manager  
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LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.2 Terms and Conditions (Cont'd)

4.2.4 Taxes, Charges, and Surcharges

When any city, county or taxing authority imposes a franchise, occupation, business sales, license, excise, privilege, or similar tax of any kind on this Cooperative, the amounts therein so far as practical, shall be charged on a pro-rata basis to all customers so affected receiving exchange service within the boundaries of that taxing entity. This tax charge, in all cases, will be in addition to the regular charges for local service and shall be set out as a separate item on the customer's bill.

Where a tax levied on a percentage of gross receipts, that percentage will be applied to each customer's bill so affected and the amount so computed will be added as a separate item to the customer's bill. Where a tax is levied other than on a percentage of gross receipts, a pro-rata share of the total tax shall be added as a separate item to each customer's bill. All such taxes collected by the Cooperative shall be paid to the city, county, or taxing authority in accordance with the promulgated regulations pertaining to each tax.

The Cooperative is not required to include within its rate schedules all legally imposed federal, state and local government taxes, charges and surcharges. However, these legally-imposed taxes, charges, and surcharges may be billed by the Cooperative to its customers.

The State Universal Service Fund is to maintain and support at affordable rates those public telecommunications services as determined by the Commission. The fund shall be financed by a surcharge on all intrastate retail public telecommunications services revenue, excluding revenue from services provided pursuant to a lifeline benefits plan (C) billed to end user customers by a telecommunications carrier, and excluding from that revenue all amount of surcharges, gross receipts, taxes, excise taxes, franchise fees and similar charges. The Commission has the authority to apply the surcharge on all end user retail public telecommunications services provided in the state by telecommunications companies and to comparable retail alternative services provided by telecommunications companies and non- telecommunications companies, including commercial mobile radio services, operator services and aggregator services offered by providers other than telecommunications companies, at a competitively and technologically neutral rate or rates to be determined by the Commission.

End User Common Line (Subscriber Line Charge) charge is applicable as describe in S.C.C. No. 3, Access Services Tariff, Section 4.

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Issue Date:

Danny Gray - General Manager  
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LOCAL EXCHANGE SERVICE4. Local Exchange Service (Cont'd)4.5 Lifeline Benefits Program

## 4.5.1 Definition

The Federal Lifeline Assistance Program and the New Mexico Lifeline Benefits Program (together, Lifeline Program) provide for credits for eligible low-income customers against the recurring monthly rate of single-line local residential service. The service includes voice grade access to the public switched network, touch calling, a standard white page listing, access to emergency services (911, E-911), access to operator services, access to interexchange services, access to directory assistance, and access to toll restriction service.

## 4.5.2 Eligibility Requirements/Application

4.5.2.1 The Lifeline Program credits are only available to customers who qualify under one or more of the following program-based or income-based eligibility requirements:

- a) Medicaid program,
- b) Low Income Home Energy Assistance Program (LIHEAP),
- c) Food Stamp program/Supplemental Nutrition Assistance Program (SNAP),
- d) Supplemental Security Income program,
- e) Federal Public Housing Assistance program,
- f) Temporary Assistance for Needy Families (TANF),
- g) National School Lunch program, or
- h) Household income is at or below 150% of the federal poverty guidelines.

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Issue Date:

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P.O. Box 269 – 455 State Highway 518  
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(C)

(C)

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4. Local Exchange Service (Cont'd)

(C)

4.5 Lifeline Benefits Program (Cont'd)

4.5.2 Eligibility Requirements/Application (Cont'd)

4.5.2.2 An applicant for Lifeline Program benefits must self-certify, under penalty of perjury, that his or her household is eligible for public assistance under one or more of the programs listed above, or that his or her household income is at or below 150% of the applicable federal poverty guidelines upon annual publication by the U.S. Department of Health and Human Services in the Federal Register.

4.5.2.3 The term "applicant" as used herein refers to an eligible customer of an eligible telecommunications carrier.

4.5.2.4 The term "household" as used herein is defined as one economic unit.

4.5.2.5 The following documents, or any combination of these documents, are acceptable to support certificates based upon income:

- a) prior year's state or federal tax returns;
- b) current year-to-date earnings statement from an employer or three consecutive months of paycheck stubs;
- c) Social Security Administration statement of benefits;
- d) Veteran's Administration statement of benefits;
- e) retirement/pension statement of benefits;
- f) Unemployment/Workers' Compensation statement of benefits; or
- g) divorce decree or child support wage assignment statement.

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Issue Date:

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LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.5 Lifeline Benefits Program (Cont'd)

4.5.2 Eligibility Requirements/Application (Cont'd)

4.5.2.6

The application form for participation in the Lifeline Program is available at the business offices of the Company, P.O. Box 269, 455 State Highway 518 Mora, New Mexico 87732, and at the offices of the New Mexico Public Regulation Commission, Consumer Relations Division, P.O. Box 1269, 1120 Paseo de Peralta, Santa Fe, NM 87504-1269. Each completed application must contain the following information, where applicable:

- a) applicant's name, telephone number and home address;
- b) the particular public assistance program(s), if applicable, and identification of the ETC that the applicant anticipates will provide service;
- c) an affirmative statement that the applicant qualifies for lifeline benefits;
- d) an affirmative statement under penalty of perjury affirming that the applicant is participating in one of the programs listed above, or a statement under penalty of perjury affirming that the applicant's household income is at or below 150 percent of the federal poverty guideline;
- e) if the application is based on income criteria, a statement under penalty of perjury that identifies the number of individuals residing in the household and affirms that the documentation presented to support income-based eligibility accurately represents the applicant's household income;



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LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

(C)

4.5 Lifeline Benefits Program (Cont'd)

4.5.2 Eligibility Requirements/Application (Cont'd)

- f) The following affirmative statement under penalty of perjury that the applicant is not receiving lifeline benefits of any kind on any other telephone or wireless account:

I agree to notify La Jicarita Rural Telephone Cooperative when I no longer participate in any of the above qualifying public assistance programs or when there has been a change in the size or income level of my household. I certify under penalty of perjury the above information and attached documentation are true and that I and no one else is receiving lifeline benefits at this address, on either a telephone or wireless telephone account.

and

- g) the applicant's signature.

4.5.3 Regulations

4.5.3.1 The Lifeline Program credits will begin with the date the Company confirms that the applicant meets eligibility requirements, or when new service is established for a qualifying customer subject to 4.5.2.1 through 4 above. The credits will be prorated on the basis of a 30-day month from the effective date of the customer's application.

4.5.3.2 Lifeline customers will receive a waiver of the nonrecurring charge for changing their local exchange service to Lifeline, or changing from flat rate service to message rate service, or vice versa, but only one such waiver will be allowed during any 12-month period.

4.5.3.3 The Lifeline Program credits are applicable only to the qualifying customer's principal residence line.

4.5.3.4 At the option of the Company, the Company will verify eligibility of Lifeline customers on an annual basis by confirmation from the state agency charged with the duty of administering one or more of the above programs, by requiring the customer to supply a certificate verifying such eligibility, or by other means.

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Issue Date:

Danny Gray - General Manager  
P.O. Box 269 – 455 State Highway 518  
Mora, NM 87732  
(575) 387-2216

Effective Date:

Transmittal No. 2012-01

(C)

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LOCAL EXCHANGE SERVICE

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## 4. Local Exchange Service (Cont'd)

(C)

4.5 Lifeline Benefits Program (Cont'd)

## 4.5.3 Regulations (Cont'd)

4.5.3.5 A customer is not eligible for the Lifeline Program if the customer is currently receiving Lifeline Program benefits for service provided by another wireline or wireless eligible telecommunications carrier.

4.5.3.6 Recipients of benefits under the Lifeline Program must notify the Company of a change in any condition that would cause the household to no longer qualify for the benefits. If the Company determines that conditions exist which cause a customer to no longer be eligible for the Lifeline Program, the customer will be notified, the credit amounts specified in this Section will be discontinued, and regular tariff rates and charges will apply.

4.5.3.7 The Company may not disconnect the basic service of a Lifeline Program customer for the non-payment of toll charges unless the Company has received a waiver from the Commission allowing disconnection of service for this reason.

4.5.3.8 The Company will restore service for any customer who has had telephone service discontinued for nonpayment of basic service charges, if that customer was not a participant in the Lifeline Program at the time of discontinuance, but qualifies at the time he or she seeks restoration of service. In such a case, the Company will require reasonable payment arrangements allowing up to six months for payment of past due basic service charges.

4.5.3.9 Upon subscribing to the Lifeline Program, a customer will be offered a subscription, at no charge, to toll blocking service, which denies the customer access to the long distance telecommunications network. However, the customer does not have to subscribe to toll blocking service unless it becomes a condition to maintain basic service due to nonpayment of toll charges or an outstanding debt to the Company.

4.5.3.10 The Company may not collect a service deposit in order to initiate Lifeline Program service, if the qualifying low-income customer voluntarily elects toll blocking from the Company.

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Issue Date:

Danny Gray - General Manager  
P.O. Box 269 – 455 State Highway 518  
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(575) 387-2216

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LOCAL EXCHANGE SERVICE

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4. Local Exchange Service (Cont'd)

(C)

4.5 Lifeline Benefits Program (Cont'd)

4.5.3 Regulations (Cont'd)

4.5.3.11 The monthly credits for eligible subscribers are set forth in Section E. following. The credits will be applied to the tariffed rates and charges for single-line local residential flat or measured service.

4.5.4 Monthly Credits for Customers Qualifying for Lifeline Benefits Program

Federal Credits..... \$9.25

State Credit ..... \$3.50 (1) (2)

- (1) The total of the federal credit and the state credit shall not reduce the monthly combined line and usage rates below \$1.00.
- (2) State credits for qualifying low-income customers that were in service prior to 11/15/2010 are grandfathered to the extent the credits exceed those set out in this Section 4.5.4.

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Issue Date: Danny Gray - General Manager Effective Date:  
P.O. Box 269 – 455 State Highway 518  
Mora, NM 87732  
Transmittal No. 2012-01 (575) 387-2216

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USDA-RUS  OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION  NM0517
INSTRUCTIONS - See RUS Bulletin 1744-2	PERIOD ENDED December, 2015
NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	

<div>USDA-RUS</div> <div>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</div>	<div>BORROWER DESIGNATION</div> <div>NM0517</div>
<div>INSTRUCTIONS - See RUS Bulletin 1744-2</div>	<div>PERIOD ENDED</div> <div>December, 2015</div>
<div>CERTIFICATION LOAN DEFAULT NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</div>	